

Status: Finalized

## I. Center Identification

Organization Name: SURGERY CENTER OF EYE SPECIALISTS OF IN PC

Street Address: 1950 West 86th Street

City: Indianapolis

County: Marion

Administrator Name: Jennifer Knepp

Administrator Email: jknepp@esicare.org

ASC Web Address: eyespecialistsofindiana.com

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	4	
Number of procedure rooms	0	

## III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	48	48	
B. Ten Most Frequent Surgical Procedures Perfor	rmed	Total Procedures	
66982		4	
66984		42	
66821		2	

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	